



Career Services Program
Over Payment Letter

Date _____

Client Name: _____

Address: _____

You requested a hearing because of the Career Services Program decision to stop your payments. We continued your payments until the Administrative Hearings decision. See [WAC 388-458-0040](#).

The decision from the hearing agreed with the department's reason to stop your Career Services payments.

You now have to pay back the over payment you received while waiting for the hearing. The total amount of your overpayment is _____. For more on this rule see [WAC 388-410](#) or call 1-800-339-3981.

Career Service Program Counselor

Phone Number

Send the payments you owe to:

Office of Financial Recovery
PO Box 45862
Olympia, WA 98504